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O DIE BURIAL (Specify) BURIAL 23b. DATE 23c. NAME OF CEMERATION BURIAL 24c. FUNERAL DIRECTOR ADDRESS 25c. NAME OF CEMERATION KANSAS CITY, MISSOURI 24c. FUNERAL DIRECTOR ADDRESS 25c. NAME OF CEMERATION KANSAS CITY, MISSOURI 26c. REGISTAGE'S SIGNATURE 26c. REGISTAGE'S SIGNATURE		 	2		AFF	_				AWIT	25. DAT	E RECD. BY LOCAL				=	
ADDRESS 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY'S SIGNATURE 3-29-63		lli	5								1.3-	29.63		(N)	ICA L	one	

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Pr. Ellist - 1.30-5:30 to day

TATEMENT BY LICENSED EMBALMER

	by certify that the body			de of this certificate was embalmed by me,
working unde	er my personal supervision	on.	Signed 12	ENrchola
Student:	Signature of Student En	nbalmer	Signed	Licensed Embalmer No.
		÷ .		P. O. Address E. C. Mr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.